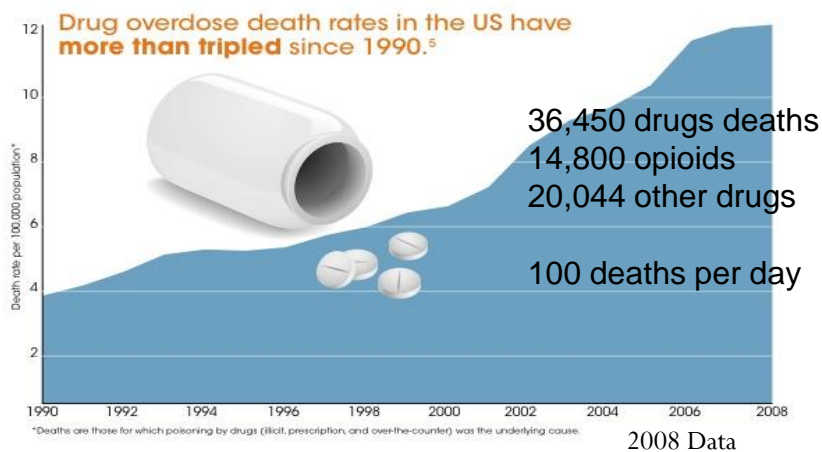


# SAN DIEGO PRESCRIPTION DRUG ABUSE MEDICAL TASK FORCE

## A CALL TO STOP EPIDEMIC OF PRESCRIPTION DRUG ABUSE

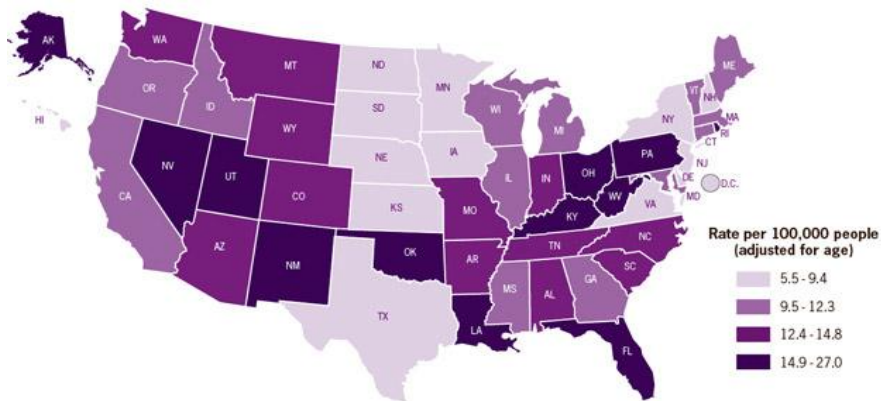
### DEATHS - NATIONWIDE

CDC: Prescription Drug Abuse is Epidemic



## DRUG OVERDOSE DEATH RATE BY STATE

Per 100,000 people, 2008

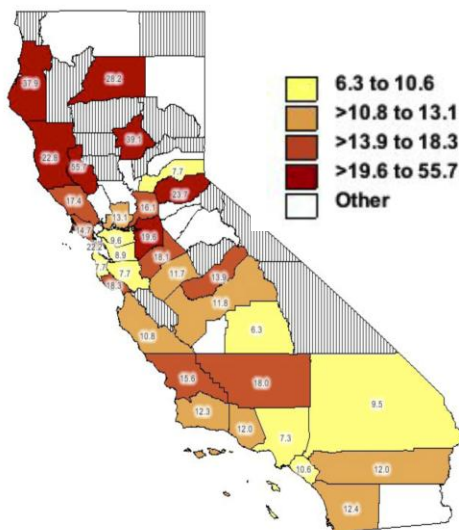


SOURCE: National Vital Statistics System, 2008

**CALIFORNIA 10.4; HIGH:** New Mexico 27; **LOW:** Nebraska 5.5

## DRUG INDUCED DEATHS CALIFORNIA

1999 – 2010 Rate per 100,000 people



California Population: 37,253,956

Death Rate from Drugs: 11.4

San Diego Population:

3,095,313

Death Rate from Drugs:

- 12.4 per 100,000
- 9% of total State

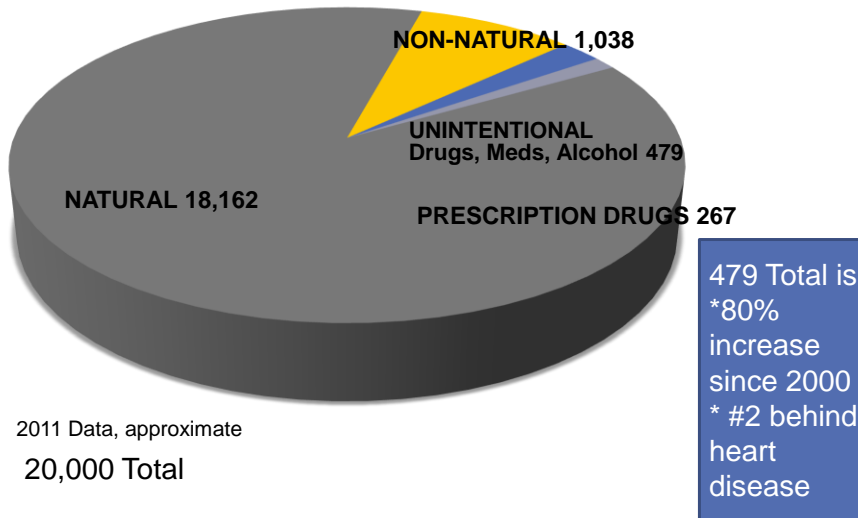
High Rate : Lake County 55.7

High Total: LA 718 people

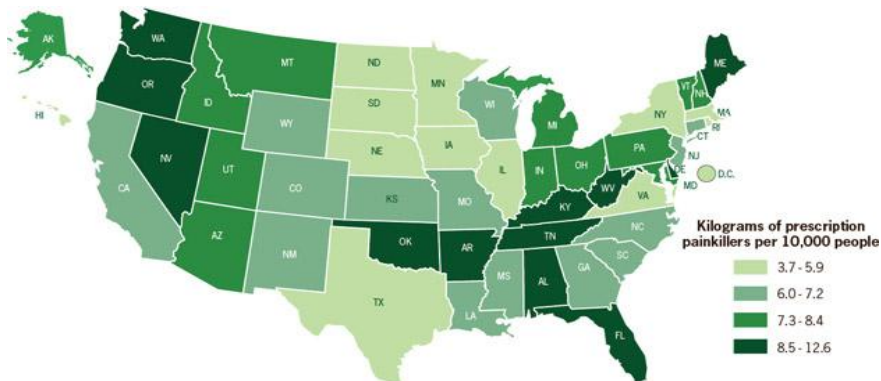
- 16.9%, rate 7.3

Low: Tulare rate 6.3

## DEATHS – SAN DIEGO



## 10 times more pain pills this year than 10 years ago

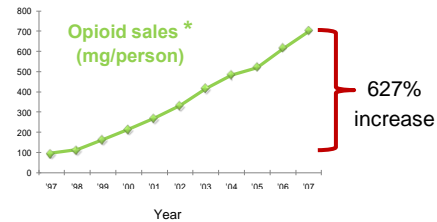


California: 6.2 kg pain killers per 10,000 people (FL 12.6)  
Enough to medicate every single American round the clock for a month

## Unintentional Overdose Deaths Involving Opioid Analgesics Parallel Opioid Sales United States, 1997–2007

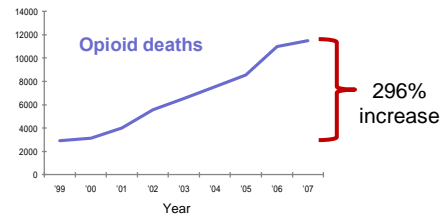
### □ Distribution by drug companies

- 96 mg/person in 1997
- 698 mg/person in 2007
  - Enough for every American to take 5 mg Vicodin every 4 hrs for 3 weeks



### □ Overdose deaths

- 2,901 in 1999
- 11,499 in 2007

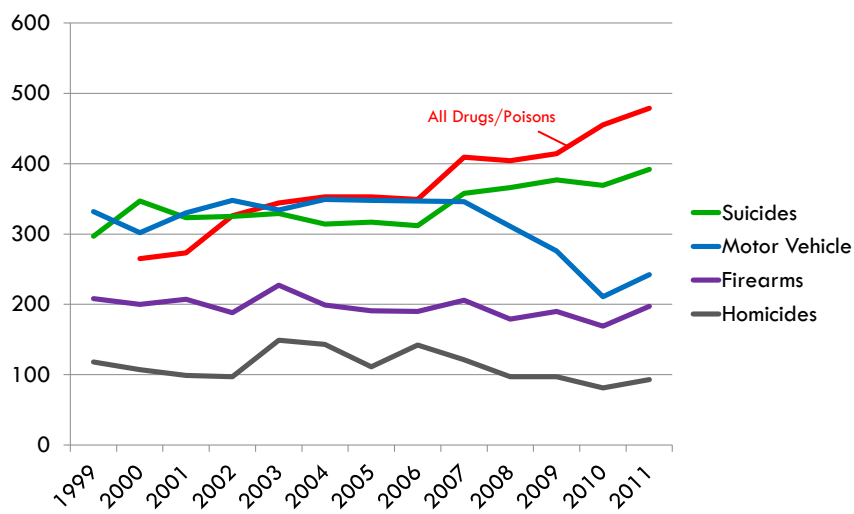


National Vital Statistics System, multiple cause of death data set and Drug Enforcement Administration ARCOS System  
 \* 2007 opioid sales figure is preliminary

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## SAN DIEGO NON-NATURAL DEATHS



## SAN DIEGO DRUG DEATHS

### 2011 Data

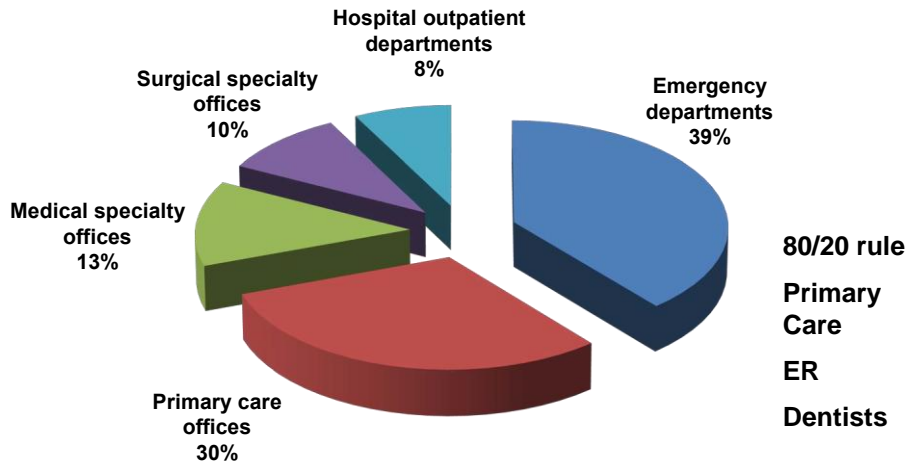
Prescription	158	<b>56% Rx</b>
Illicit	135	
Alcohol	55	
Prescription and Illicit	49	
Prescription and Alcohol	40	
Illicit and Alcohol	20	
Prescription and OTC	10	
Prescription, Illicit and alcohol	6	
Prescription, alcohol and OTC	3	
OTC	2	
Prescription, Illicit and OTC	1	
<b>Total</b>	<b>479</b>	

## TOP 10 DRUG DEATHS

### San Diego County

2000-2011	2011
1. Methamphetamine	1. Alcohol
2. Alcohol	2. Methamphetamine
3. Heroin	3. Heroin
4. Morphine	4. Oxycodone (Percocet, Norco)
5. Cocaine	5. Methadone
6. Diazepam (Valium)	6. Alprazolam (Xanax)
7. Methadone	7. Hydrocodone (Vicodin)
8. Oxycodone (Percocet)	8. Diazepam (Valium)
9. Hydrocodone (Vicodin, Norco)	9. Morphine
10. Diphenhydramine (Benadryl)	10. Diphenhydramine (Benadryl)

## Distribution of Narcotic Analgesics to Patients by Health Care Setting



Raofi S, Schappert SM. Medication therapy in ambulatory medical care: United States, 2003–04  
 National Center for Health Statistics. Vital Health Stat 13(163). 2006  
[http://www.cdc.gov/nchs/data/series/sr\\_13/sr13\\_163.pdf](http://www.cdc.gov/nchs/data/series/sr_13/sr13_163.pdf)

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For every 1 death there are...



10 treatment admissions for abuse<sup>9</sup>

32 emergency dept visits for misuse or abuse<sup>6</sup>

130 people who abuse or are dependent<sup>7</sup>

825 nonmedical users<sup>7</sup>

# PDA REPORT CARD

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## Heroin Addendum

**Table 1. Tracking Heroin**

Heroin abuse is growing. Heroin seizures and treatment admits throughout the county have increased consistently in the last five years. Experts suggest that part of this trend is due to oxycodone (Oxy) users who switch to heroin after it becomes harder to find/pain for Oxy. In a 2010 study of 18-40 year old Injection Drug Users in San Diego County, 40% said that they had misused opioids prior to initiating heroin injection.<sup>1</sup>

Other indicators of the growing heroin problem are below.

	2007	2008	2009	2010	2011
<b>Heroin Seizures (Kgs.)</b>					
• In San Diego County	10.6	7.3	53.2	40.1	24
• All San Diego County Ports of Entry	111	101.2	217.8	214.1	319
<b>Heroin Price per Gram</b>	NA	\$80-100	\$60-80	\$50-80	\$80-100
<b>Percent of Adult Arrestees Positive Heroin Rate</b>	7%	7%	7%	10%	9%
<b>Percent of Treatment Admits: Heroin Primary Drug of Choice</b>	17.2%	18.5%	19.4%	21.4%	22.3% <sup>2</sup>
<b>Number of Heroin Overdose Deaths</b>	57	74	73	71	80

Figure 1. Public Treatment System Admissions for Heroin, by Age

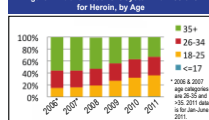
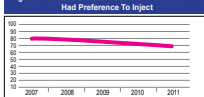


Figure 2. Percent of Heroin Users in Treatment Who Had Preference To Inject



Note that the average age of heroin users in treatment is trending younger, and injection preference is decreasing, suggesting that users are entering treatment before beginning injection use.

<sup>1</sup> Substance Abuse and Rehabilitation, Problematic use of prescription-type opioids prior to heroin use among young heroin injectors. Polini RA, Banta-Green CJ, Cuevas-Mota J, Metzner M, Teshale E, Garfin RS, October 2011 Volume 2011(21) Pages 173 – 180.

<sup>2</sup> 2011 drug treatment data are reported for the first half of 2011 only (January through June)

## The Status of Prescription Drug Abuse in San Diego County: June 2012



THE PRESCRIPTION DRUG ABUSE TASK FORCE (PDATF), originally the Oxy Task Force, was convened by San Diego County Supervisor Pam Slaton-Price, the County's Sheriff Department, District Attorney, Health and Human Services Agency (HHSA) and the Drug Enforcement Administration (DEA) in 2008. From the beginning, these partners agreed that participation from law enforcement, prevention, treatment, education, health, and community advocates was essential. Many partners stepped forward as dramatic increases in prescription drug overdose deaths occurred. The group developed an Action Plan, and began working to address this growing problem.

This Report Card provides a look at key indicators with regard to the prescription drug (Rx) problem over the last five years in San Diego County. The 2012 PDATF Report Card is the first time that these data have been compiled in one place to review the scale of the problem by looking at multiple factors and data points. Readers are cautioned not to consider a single data point alone, but rather are encouraged to look at all of the information to consider how they add up together – or not – as well as the direction of the trends over time.

**Bottom Line:** Prescription Drug Misuse and Abuse are serious problems that affect both health and public safety – at individual, family and community levels. The Rx problem isn't a one-time phenomenon, but rather a growing problem with serious repercussions to quality of life in our region.

The PDATF will continue collecting data to inform priorities for action. **Highlights of actions to reduce motivation to use, or to reduce access to unprescribed Rx, are described below.**

What We Want to Change	Action Underway
<b>Awareness, Perceptions and Motivation to Misuse Rx</b>	<ul style="list-style-type: none"> <li>• PDATF partners present at schools and conduct specialized training with pharmacists and doctors throughout the year. Prevention advocates and community members have facilitated town hall meetings to increase awareness that Rx is potentially dangerous when misused and how to prevent Rx misuses.</li> <li>• HHSA funds prevention and treatment services throughout the county.</li> <li>• Because Rx abuse occurs among youth, youth are part of the solution. Youth all over the county have participated in focus groups, youth conversations and media efforts.</li> <li>• Schools are part of the solution. Several districts are considering policy changes to require drug testing for athletes, or to require attendance at educational sessions.</li> </ul>
<b>Access to Rx</b>	<ul style="list-style-type: none"> <li>• The public can safely dispose of unwanted medications through highly visible countywide Take Back events, and at year-round collection boxes located at all Sheriff stations and several Police Departments throughout the region.</li> <li>• The San Diego County Medical Society developed guidelines for Emergency Departments to reduce pharmaceutical drug misuse without affecting legitimate medical practice and patient care.</li> </ul>

### Become Involved in Keeping San Diego County Healthy, Safe & Thriving You can make a difference!

- ✓ Safely dispose of your old prescriptions at a Take Back Event or Local Disposal Bins [www.sdsheriff.org/oxycodoneinfo.html](http://www.sdsheriff.org/oxycodoneinfo.html)
- ✓ Don't share your own medications, or use medications prescribed to someone else
- ✓ Ask for help to gather interested residents in your own community to a meeting or event that mobilizes your neighbors on this issue
- ✓ Share this information and talk to your family members and neighbors about the risks involved with the misuse of prescription drugs
- ✓ Please contact [www.facebook.com/SanDiegoRxAbuseTaskForce](http://www.facebook.com/SanDiegoRxAbuseTaskForce) for additional information.

# PDA MEDICAL TASK FORCE

## Medical Task Force

**Goal:** Activate the medical community as a force to prevent prescription drug misuse, addiction and death in San Diego County

### Initial Objectives:

- Adopt a common voluntary Patient Pain Medication Agreement for use in primary care and appropriate settings
- Adopt physician guidelines for use of pain medication

### Long Term Objectives:

- Implement and track effectiveness of these tools
- Increase ease of using CURES
- Expand work with pharmacies

- Primary Care, Pain Specialists, Emergency Physicians, Dental Society, Psychiatric Association, Hospital Association, HHSA (Public Health Services, Behavioral Health Services and, Emergency Medical Services Branch)
- Scripps, Sharp, Kaiser, UCSD, PPH, Community Clinics, Pain Specialists, Urgent Care, Military

## **PAIN AGREEMENT**

- Compiled from over 30 Pain Agreements around San Diego and other sources
- Reviewed by PDA Medical TF x 2
- Health Literacy at 5-6<sup>th</sup> grade level
- For Chronic Pain = 3 months of short acting or anyone requiring long acting opioids
- Only 1 provider and 1 pharmacy
- No refills
- Do not drive

## **PROVIDER GUIDELINES**

- CURES reports
- Pain Assessment
- Acute Pain
- Emergency Department Care
- Chronic Pain
- Side Effect Management
- Weaning
- Concomitant Prescriptions
- Red Flags for Abuse
- DEA Reporting
- Addiction Referrals
- Educational Material and References



## DOCUMENT ENDORSEMENT AND USE

### Proposed Endorsements:

- San Diego County Health and Human Services Agency
- Imperial County Public Health Services
- Hospital Association of San Diego and Imperial Counties
- San Diego County Medical Society

### Target Use:

- Primary Care, Dental Society, Psychiatric Association, Hospital Association,
- Scripps, Sharp, Kaiser, UCSD, PPH, Community Clinics, Pain Specialists
- ePAIN AGREEMENT

## Prescribing Pain Medication in the Emergency Department

Our emergency department staff understand that pain relief is important when someone is hurt or needs emergency care. However, providing pain relief is often complex. Mistakes or misuse of pain medication can cause serious health problems and even death. Our emergency department will only provide pain relief options that are safe and appropriate.

- ▶ Our main job is to look for and treat an emergency medical condition. We use our best judgment when treating pain, and follow all legal and ethical guidelines.
- ▶ We may ask you to show a photo ID (such as a driver's license) when you check into the emergency department or receive a prescription for pain medication.
- ▶ We may ask you about a history of pain medication misuse or substance abuse before prescribing any pain medication.
- ▶ We may only provide enough pain medication to last until you can contact your doctor. We will prescribe pain medication with a lower risk of addiction and overdose when possible.
- ▶ For your safety, we do not:
  - Give pain medication shots for sudden increases in chronic pain.
  - Refill stolen or lost prescriptions for medication.
  - Prescribe missed methadone doses.
  - Prescribe long-acting pain medication such as OxyContin, MS Contin, fentanyl patches, or methadone for chronic, non-cancer pain.
  - Prescribe pain medication if you already receive pain medication from another doctor or emergency department. An exception may be made after a urine drug test or contact with your doctor or clinic.

If you would like help, we can refer you to a drug treatment program.  
Or you can call the Washington Recovery Help Line at 1-866-789-1511.



**PUBLIC HEALTH**  
HEALTHIER WASHINGTON



Washington State Medical Association  
WSMA



American College of  
Emergency Physicians  
WASHINGTON CHAPTER  
www.acep.org/wa

For privacy and confidentiality, this document is available in Spanish in other formats. To obtain a copy, please call 1-800-525-2222 (TDD) or 1-800-525-2222.

## **SAN DIEGO SAFE OPIOID EMERGENCY DEPARTMENTS**

### **PRINCIPALS**

- **Universal for all EDs and all ED docs**
- **Approved by Hospitals**
- **Transparent to Patient – advertised to patient before they see a doctor**
- **1 Provider – 1 Pharmacy for Chronic Pain**